



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
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STATE OF DELAWARE
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

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DELAWARE BOARD OF EXAMINERS OF PSYCHOLOGISTS

AFFIDAVIT OF EMPLOYMENT (RECIPROCITY APPLICANTS ONLY)

NAME OF APPLICANT _____

1. List all states in which you are currently licensed or have ever held a license to practice psychology. (Each state will need to complete a verification of licensure.)

| <u>License Number</u> | <u>State</u> | <u>Date Issued</u> |
|-----------------------|--------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. State nature, location and dates of practice since original licensure in each jurisdiction, including military service. (AT LEAST 2 YEARS OF CONTINUOUS PRACTICE IN A JURISDICTION IS REQUIRED FOR RECIPROCITY).

| EMPLOYER/ PRACTICE NAME | ADDRESS WHERE PRACTICED | NATURE OF PRACTICE | DATES OF EMPLOYMENT |
|----------------------------|----------------------------|-----------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Signature of Applicant

Date

STATE OF _____)
) SS
COUNTY OF _____)

The above applicant, being sworn, deposes and says that he or she is attesting that all statements contained in his or her application are true and correct in every respect, and that he or she has not suppressed any information that might affect this application.

Sworn to me before me this _____ day of _____, 20____.

Signature of Notary Public

My commission expires _____.

(SEAL)

12/00